increased. He found that after potatoes had been substituted for bread for several days, and then the patient placed on the original amount of bread the excretion of sugar never reached the limit attained previous to the potato régime. The writer consequently holds that a potato diet has a similar beneficial effect to the "hunger-day" of Naunyn.

Good results have followed the use of the potato régime in not only the mild, but also the severe forms of diabetes. Mossé claims that traumatic wounds and those following surgical operations heal much more rapidly on a potato diet, and cites cases attempting to demonstrate this view.

Mossé advances two hypotheses to explain the beneficial effect of the potato diet. The first is that the potato produces a sugar more easily warehoused than that produced from bread; and second, that it introduces a substance into the organism which favors the glycolytic function of the body. The diminution in the thirst is attributed to the greater amount of water contained in the potatoes. The increased glycolysis is believed by the writer to be due to the much greater quantity of potash introduced into the system as a result of the potato diet.

From the series of charts published it seems quite certain that potatoes are better tolerated by diabetics than wheat bread.

On the Typhoid Psychoses.—FARRAR (*The American Journal of Insanity*, July, 1902, p. 17) reports four cases illustrating various types of psychoses observed in connection with typhoid fever. Esquirol at the end of the eighteenth century was the first to call attention to the fact that not infrequently psychoses develop during or following the course of the acute febrile diseases. Since Esquirol's day considerable attention has been paid to the relation between the infections, particularly typhoid fever, and mental disturbances, but its importance has been underestimated. Farrar, in his contribution, endeavors to emphasize the current teaching concerning the effects of typhoid fever on mental functions as expressed particularly by the Kraepelin school.

Typhoid fever attacking a sane individual may leave him free from psychic symptoms or give rise to all gradations of mental disease. The severity of the symptoms does not necessarily stand in relation to the height of the fever or the intensity of the infection. Persons belonging to families with psycopathic tendencies are more prone to alienation, especially the initial delirium, than those not thus burdened. A second or third attack of typhoid is more likely to present mental troubles than the first.

The *initial delirium* is the rarest form of psychical disturbance in typhoid, but it presents the most rapid course and the worst prognosis, over 50 per cent. of the cases ending fatally. The delirium may precede for several days the onset of fever, or the cases may remain afebrile throughout. These cases often lead to errors in diagnosis, and occasionally result in the commitment of the patients to an insane institution.

The *febrile psychoses*, that is, those occurring during the course of the fever, are the commonest. These present the best outlook, although in 25 per cent. the psychical disturbance persists for varying lengths of time into or after convalescence. The febrile psychoses may be divided into two groups. The first comprise the *true fever delirium*, those standing in closest relation with rise of the fever and disappearing as the temperature becomes normal. They comprise, according to Kraepelin, 75 per cent. of the cases. The second include the psychoses not associated with the development of fever, and outlasting the latter by months or even years. These make up the remaining 25 per cent.

There are lastly the *asthenic psychoses* or those which develop during the period of convalescence. The conditions of exhaustion, anæmia, and malnutrition especially favor the development of some psychical disturbance. According to Kraepelin there are three principal divisions of this type: (1) Isolated delusions or fallacious sense perceptions; (2) conditions of exaltation; (3) conditions of quiet depression, including states of mental weakness. The prognosis of the asthenic forms is slightly better than in the cases with initial delirium, but much less favorable than in the fever psychoses. Kraepelin found that 71.8 per cent. of the patients recovered, 20.5 per cent. developed chronic insanity, and 7.7 per cent. died. In many of the cases which become chronic, inherited predisposition has been noted.

Pulsation in the Second Left Intercostal Space.—For a number of years there has been a difference of opinion as to the part of the heart that causes the localized pulsation in the second left interspace in mitral stenosis. Two main views have been held. Balfour and Sansom still support the view originally advanced by Bouillaud, that the pulsation is due to the systole of the left auricle. The majority of recent writers on this subject, however, agree with the opinion originally brought forward by Hope, that this pulsation arises from the contact of the conus arteriosus of the right ventricle and the pulmonary artery with the chest wall in the vicinity of the second left interspace. This view is supported by Gibson and Osler.

GIBBES (*Edinburgh Medical Journal*, September, 1902, p. 246) publishes the clinical and pathological records of a case of mitral stenosis that support very strongly the latter view. The patient was a male, aged thirty years. On deep expiration, an impulse was plainly visible in the second left interspace, its nearest point to the mid-sternal line being 2¼ inches from the left border of the sternum. The area of pulsation was 1 inch in length, and on auscultation was found to be *presystolic* in rhythm. It was not visible on inspiration. When the heart was inspected *in situ* at autopsy the left auricle and its appendix were invisible. The right auricle and ventricle were very considerably engorged. The conus arteriosus of the right ventricle was markedly dilated and extended well into the second left intercostal space. These relations are well illustrated by a photogravure of the heart *in situ*, and seem to confirm the view that the pulsation is due to the conus arteriosus of the right ventricle. Clinically, it had been observed that this pulsation was presystolic in time. Gibbes' explanation for this was that he believed that the systole of the right ventricle occurred while the left was in diastole. In other words, that a partial asynchronism occurs. He admits that this doctrine is very heterodox, as the upholders of strict synchronism deny the possibility of one ventricle beginning the systole before the other. In support of his theory he says: "At the same time they accept asynchronism as a cause of the reduplicated second sound, and thereby admit that the systole of one ventricle may end before the other—a distinction without a difference."